



NATIONAL BOARD FOR
CERTIFIED COUNSELORS®

NEBRASKA

LICENSURE EXAMINATION REGISTRATION

National Counselor Examination for Licensure and Certification (NCE®)
National Clinical Mental Health Counseling Examination (NCMHCE®)

Last name:
First name: MI Soc. Sec. #: - -
Address:
City: State
Zip Code: -
Home - - Business: - -
EMAIL:

(MM/DD/YY)
Date of Birth: / /

Check One: NCE ☐ NCMHCE ☐

ABOUT REGISTRATION

- The cost to register is **\$185 for the NCE or NCMHCE**. This examination fee is **non-refundable/non-transferable**.
- Registration is required. Please allow 4 weeks processing time from the date your fee clears. **(To check the status of your registration, please send an email to examinations@nbcc.org with your state in the subject line as phone calls delay the processing time.)**
- You will be notified of the scheduling process by email and postcard once your examination registration is processed. **Candidates must test within 6 months of notification.**
- Special accommodation requests** need to be sent to the Nebraska Board of Mental Health Practice for pre-approval.

FAXED REGISTRATIONS WILL NOT BE ACCEPTED.

PLEASE INCLUDE WITH YOUR MATERIALS

- Your completed registration form with **original ink signature**.
- Your \$185 examination fee (please make check or money order payable to NBCC).
- A copy of your approval letter from the Nebraska Board of Mental Health Practice.
- ALL OF THE ABOVE MUST BE RECEIVED AND YOU MUST BE APPROVED BY THE NEBRASKA BOARD BEFORE YOU WILL BE ALLOWED TO SCHEDULE AN EXAM DATE.**

SEND YOUR REGISTRATION MATERIALS TO:

**NBCC Assessment Dept.
PO Box 7407
Greensboro, NC 27417-0407**

TESTING QUESTIONS? Tel: 336-547-0607; E-mail: nbcc@nbcc.org; Web site: www.nbcc.org/stateboardmap
Street Address: NBCC Assessment Dept., 3 Terrace Way, Greensboro, NC 27403

Have you previously taken the NCE or NCMHCE? Yes ☐ No ☐
If yes, on which date(s)? / / / /
Month Day Year Month Day Year

Master's Degree Granting Institution: _____

I understand and agree to the following: that I am taking the NCE or NCMHCE as part of the Nebraska state licensing requirements; and approval to take the NCE or NCMHCE or the receipt of a passing score does not demonstrate that Nebraska state licensure or NBCC certification requirements have been satisfied. I authorize NBCC to provide the Nebraska Department of Health and Human Services, Division of Public Health with examination results. Use of the NCE or NCMHCE scores for licensure in other states may not occur until licensure is granted in Nebraska. By signing this document, I hereby certify that the information and materials provided in this application are true, accurate, and complete to the best of my knowledge and belief. I agree to abide by all NBCC policies, procedures, and agreements concerning the NCE and NCMHCE examinations.

Signature: _____ Date: _____

CHARGE ORDER FORM - DO NOT DETACH

Credit card type: VISA ☐ Mastercard ☐ American Express ☐
Account number: Exp. date: /
Name on card: Amt. charged: \$
Signature: _____ Date: _____